

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33078**
Registrar's No. **8674**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 24 yrs.		d. STREET ADDRESS (If rural, give location) 3656 McRee Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3656 McRee Avenue		e. STREET ADDRESS (If rural, give location) 3656 McRee Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) ALVIN		b. (Middle) JEPSEN	
c. (Last) JEPSEN		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Dec. 24, 1882
9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Days 21 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator-Operator		10b. KIND OF BUSINESS OR INDUSTRY Office Bldg.	
11. BIRTHPLACE (State or foreign country) Pittsburg, Kansas		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME Andrew Jepsen		13b. MOTHER'S MAIDEN NAME Amanda Mc Neese	
14. NAME OF HUSBAND OR WIFE Adelaide Coleman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 488-20-5127		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Adelaide Jepsen 3656 McRee Avenue	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Interstitial Nephritis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 592x		22. I hereby certify that I attended the deceased from _____, 19____, to Sep 15, 1952 , that I last saw the deceased alive on Sep 14, 1952 , and that death occurred at 6:15a m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Philip Schick M.D.		23b. ADDRESS 1703 S Grand	
23c. DATE SIGNED 9.15.52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 9-17-52		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. 1936 St. Louis Avenue	
DATE REC'D BY LOCAL REG. SEP 16 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Philip Schuck, MD.
1703 So. Grand Bl.

Grand 0609

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed

Licensed Embalmer No. 3497

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.